



Minnesota Board of Marriage and Family Therapy

2829 University Avenue SE, Suite 400

Minneapolis, MN 55414-3222

Telephone: (612) 617-2220 Fax: (612) 617-2221

Email: mft.board@state.mn.us

Website: www.bmft.state.mn.us

Hearing Impaired-Minnesota Relay Service: 1-800-627-3529

Licensure through Reciprocity

Please read the law and rules for the qualifications required for applicants applying by reciprocity.

- *The reciprocity application fee is \$220.00. This fee may be paid by check or money order payable to the Minnesota Board of Marriage and Family Therapy.*

In order to be licensed by reciprocity in the State of Minnesota, you must hold a current license in a state whose requirements, at the time you were licensed, were similar to or exceeded the current requirements needed for a marriage and family therapy license in Minnesota. Licensure by reciprocity applies only to individuals who have passed the national marital and family therapy licensing examination of the Association of Marriage and Family Therapy Regulatory Boards.

Section III of the application requests the Board of Examiners of the state in which you hold a license to verify that your license is current and in good standing, including a copy of the state's relevant licensing law and Board rules. This form and the state's rules must be sent directly to the Board by the state verifying your license.

Official transcripts of all graduate academic work must be sent directly to the Board office by the issuing institution.

Your application will be reviewed upon receipt of all required materials.

Upon approval of your application, you must sit for the Minnesota State Examination in Marriage and Family Therapy, which is given monthly. There is not a fee for the state examination.

Payment of the prorated initial licensure fee is required after passing the state examination.

If you have questions, you may contact the Board office at the address or telephone number listed above or email mft.board@state.mn.us.

If you were licensed or certified by another state without passing the national examination of the Association for Marriage and Family Therapy Regulatory Boards, but meet all other Minnesota requirement for licensure by reciprocity, you may apply for licensure by reciprocity but must also pass the national examination. After passing the national examination, you may then take the Minnesota State licensure examination. The National Examination is given four times a year, with each administration spanning a four-week window of time. For information concerning the national examination, please visit the Board's web site at www.bmft.state.mn.us.



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Application for Licensure by Reciprocity

1. Type all answers or print clearly in black ink.
2. Complete all sections. If a section is not applicable, enter N/A in the space provided.
3. If additional information is necessary for any questions, please attach a separate sheet, clearly identifying the questions to which the answers apply.
4. Completed applications should be mailed to:

Minnesota Board of Marriage and Family Therapy
2829 University Ave SE
Suite 330
Minneapolis MN 55414-3222

5. Official transcripts of all graduate academic work must be sent directly to the Board office by the issuing institution.
6. Attach the application fee of \$220.00 to the application. All fees are non-refundable.

Office Use Only:

Application Fee: \$_____ Check #: _____ Deposit #: _____

This document is available in alternative formats to individuals with disabilities by calling (612) 617-2220 or through the Minnesota Relay Service at (800) 627-3529.

Rights of Subject of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

Section I General Information

NAME: Last First Middle			HOME PHONE #:	CELL PHONE #:
HOME ADDRESS: (Street Address)		(City)	(State)	(Zip code)
NAME OF BUSINESS OR AGENCY:			BUSINESS PHONE#:	
BUSINESS ADDRESS: (Street Address)		(City)	(State)	(Zip code)
Designated address for official Board mailings: <input type="checkbox"/> Home <input type="checkbox"/> Business				
Designated address for release to Public: <input type="checkbox"/> Home <input type="checkbox"/> Business				
Designated public phone number for release to Public: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell				
Email Address:				

The information below is requested of you as part of the Board's compliance with Minnesota Statutes, Section 214.07, subdivision 1 (1996). This law states that the Board shall prepare reports in each even-numbered year containing information regarding the age, sex, and states of residency of applicants, among other things. These reports are delivered to the Commissioner of Health and are for statistical purposes only. Your name is not used in connection with this data. Your answers to the questions below do not in any way affect your candidacy for licensure, however, failure to supply this information may delay the processing of your application.

- Social Security Number: _____/_____/_____
- Birthdate: ____/____/____ Sex:____ Male ____ Female
Month Day Year
- State(s) of Residency: _____ , _____

Minnesota Business Identification Number: _____ (N/A if you don't have such a number)

Applicant Licensure Status:

Please supply the following information regarding your Marriage and Family Therapy license:

State	Title of License:	License Number:	Date Issued:	By Exam or Other:

If applicable, please provide the following information:

1. Number, date and disposition of any malpractice settlement or award made to the plaintiff or other claimant relating to the quality of services provided by you, and the state in which this action occurred (please use additional paper if needed):

Number	Date	Disposition of Malpractice Settlement or Award	State of Jurisdiction:

2. Number, date and disposition of any civil litigation or arbitration relating to the quality of services provided by you in which the party complaining against you prevailed or otherwise received a favorable decision or order, and the state in which this occurred (please use additional paper if needed):

Number	Date	Disposition of Civil Litigation or Arbitration:	State of Jurisdiction:

Applicant Membership Status

Are you a current member of any mental health related professional organizations?

_____ Yes _____ No If yes, list all such memberships below:

Name of Professional Organization:	Type of Membership:	How Long Have You Been a Member?

CERTIFICATION OF IDENTIFICATION:
Certification of Notary Public is required.

Applicant Name: _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

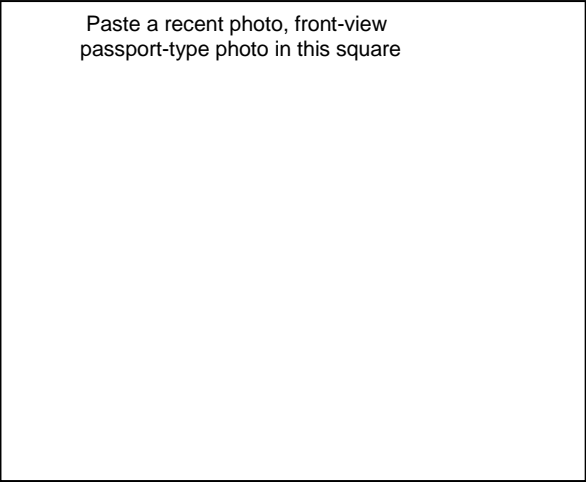
Sworn to before me by the applicant

on this _____ day of _____, 20 _____.

Signature of Notary Public _____

Expiration Date: _____

Notary Seal: _____





Minnesota Board of Marriage and Family Therapy



Section III

Applicant: This form is to be sent to the licensing board of the state in which you hold a current Marriage and Family Therapy License for confirmation of your licensure status.

Please fill in your name and address *before* sending this form to the licensing board of the state in which you hold a license.

To Be Completed by Applicant:

Applicant Name:

Last, First, M.I.

Mailing Address:

Street

City, State, Zip Code

Daytime Telephone Number: (____) _____

Email Address: _____

To Be Completed by State Licensing Board

The individual listed above has applied for a Marriage and Family Therapy License in the State of Minnesota. Before further consideration is given to the individual's application for licensure, the Board needs to receive the information requested below and a copy of you state's licensing law and Board rules in effect at the time the above-named individual was licensed.

1) Name on License: _____

2) License Number: _____

3) Title of License: _____

4) Date of Original Issue: ____/____/____

5) License is ____ Permanent ____ Temporary ____ Current ____ Inactive ____ Other -Explain

6) This license was obtained by:

____ Reciprocity - State: _____ Grandparenting Provision

____ Examination

____ Other - Explain _____

If by examination, complete the following:

Examination Name: _____ Date Taken: _____

Raw Score: _____ or, percent correct: _____%

7) Has this individual's license ever been revoked, suspended or otherwise acted against for any reason?
____ No ____ Yes (if yes, please attach an explanation.)

Signature of State Licensing Board Staff:

Title

Date

State Board Seal: _____

Name of State Licensing Board:

Please return this form directly to:

Minnesota Board of Marriage and Family Therapy
2829 University Avenue SE, Suite 330
Minneapolis MN 55414-3222
(612) 5617-2220
email: mft.board@state.mn.us

Please include a copy of your State's licensing law and Board rules. The individual's application for licensure cannot be processed until this form and the law and rules are received. If you have questions, please contact the Board office at the telephone number given above.